

SPECIAL CONTRIBUTION

YES! I want to help ASH fight to eliminate smoking in the workplace. I am sending my contribution of:

☐ \$100

☐ \$40

☐ \$30

☐ Other _____

Card# _____

Exp. Date: _____

Signature: _____



Please return this form, along with your check (if applicable) in the enclosed business reply envelope.

Return your completed OSHA complaint form separately in the courtesy envelope marked ASH - OSHA COMPLAINT.



*Action on Smoking and Health
2013 H Street N.W.
Washington, D.C. 20006*

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